450 W State Street 4th FL
Boise, Idaho 83702
(208) 334-5931

2017 PROVIDER POLICIES AND GUIDELINES ACKNOWLEDGMENT FORM

FACILITY INFORMATION	
Facility Name:	VFC Pin#:

By signing this form, I certify on behalf of myself and all immunization providers and staff at this facility, I have read and agree to comply with the 2017 Idaho Immunization Program (IIP) Provider Policies and Guidelines.

In addition, I understand the 2017 Provider Policies and Guidelines supersedes any prior IIP policies and guidelines. I further understand that content and forms referenced may be updated or modified at any time. Updates and revisions will be communicated to my office through announcements in Idaho's Immunization Reminder Information System (IRIS); and/or Provider Updates published by the IIP; and/or direct mail, email, and/or fax.

Medical Director or Equivalent	
Name (please print):	
Signature:	Date:

Primary Vaccine Coordinator	
Name (please print):	
Signature:	Date:

Back-up Vaccine Coordinator	
Name (please print):	
Signature:	Date:

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH